

Contract Administrator: _____

DATES:

Effective ACC: _____ **ACC Year End:** _____ **FY End:** _____

Performance period: Beginning _____
Ending _____

Date(s) of Compliance Review: _____

Reviewed by: _____

DRAFT

ANNUAL COMPLIANCE REVIEW CHECKLIST

***Not required for subsequent year reviews**

Please indicate N/A where appropriate.

General

Review the appropriate PBCA files, where applicable to determine the following:

	Y	N
* 1. Does the PBCA have the required certification of compliance with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act, in its file?	_____	_____
* 2. Does the PBCA maintain a separate file for each Section 8 contract?	_____	_____
* 3. Is the PBCA using the HUD approved depository agreement?	_____	_____
* 4. Does the PBCA maintain a tracking system for all IBPS activities?	_____	_____
5. Verify PBCA's TDDY number is posted in a visible location and is operable.	_____	_____
6. Is the required EEO notice posted and in a visible location?	_____	_____
7. How does the PBCA notify staff of changes to HUD policies and procedures?		

8. Describe the PBCA's staff training policy?

9. Are the PBCA's operating procedures for Section 8 Contract Administration documented? Y N

10. Describe the communication protocol between the CAOM, PBCA, owner and HUD staff?

* 11. Does the PBCA have a separate account for administrative and HAP Fees? ____
(Please verify.)

12. Identify the staff (name and title) responsible for authorizing and disbursing funds.

13. Does the PBCA's fidelity bond provide coverage equal to or greater than one month's HAP? ____
One (1) month's HAP amount \$ _____
Fidelity bond coverage amount \$ _____

14. Identify staff members covered under the fidelity bond.

15. What is the expiration date of the fidelity bond? _____

16. Is HUD listed as the additional loss payee on the fidelity bond?

17. Provide details on any conflict of interest disclosed in the past year.

18. Describe the PBCA's quality control process?

19. What steps does the PBCA take to prevent potential fraud, waste and abuse of HAP funds? Please explain.

20a. Has the PBCA incurred disincentives in the past year? If so, in what areas? **Y** **N**

20b. Have the deficiencies been corrected? What actions were taken? Please explain. ____

21. Describe any “Best Practices” the PBCA has implemented during the past year that will improve the Performance Based Contract Administration Initiative. Please provide a copy, if applicable.

22. What procedures are in place to assure the security of systems data?

23. Identify staff access (level) to each system.

24. What are the procedures for terminating systems access of departing staff members?

Comments:

Section 8 Contract File Review

INCENTIVE-BASED PERFORMANCE STANDARDS (IBPS) TASKS

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

(IBPS – 1) Management & Occupancy Reviews

- | | Y | N |
|--|-----|-----|
| 1a. Did the PBCA provide owner at least 2 weeks notice of upcoming MOR? | ___ | ___ |
| 1b. Date of notification: _____ | | |
| 1c. Date MOR Scheduled: _____ | | |
| 2. Were the required number of tenant files reviewed per the ACC requirements? | ___ | ___ |
| 3. Was the tenant file review check sheet completed? | ___ | ___ |
| 4. Is the current version of the Management and Occupancy Review form (HUD-9834) fully completed? | ___ | ___ |
| 5. Did the PBCA review the owner's lease to ensure compliance with HUD requirements? | ___ | ___ |
| 6a. Was the Management and Occupancy Review report dated and mailed to the owner within 30 days of the review? | ___ | ___ |
| 6b. Date MOR performed: _____ | | |
| 6c. Date of report letter sent to the owner: _____ | | |
| 6d. Was response requested: _____ | | |
| 7. Did the transmittal letter to the owner detail the appeal procedures? | ___ | ___ |
| 8. Does the file contain work papers or notes to support any findings or observations in the following areas? | | |
| • Maintenance & Security _____ | | |
| • Financial Management _____ | | |
| • Leasing & Occupancy procedures _____ | | |
| • Tenant Management Relations _____ | | |
| • Drug-Free Housing Policy _____ | | |
| • General Management Practices _____ | | |
| 9. If the report contained findings, does the file reflect that the corrective actions have been taken? | ___ | ___ |
| 10. Does the file document PBCA follow-up efforts when corrective actions are needed? | ___ | ___ |
| 11. Does the file document PBCA follow-up regarding EH&S | ___ | ___ |
| If no, please explain. _____ | | |
| _____ | | |
| _____ | | |

13. Were all findings corrected? _____
14. Date of MOR close-out letter: _____
15. Did the PBCA make all required entries in REMS prior to the submission of the invoice? _____
- If no, please explain.

Comments:

Overall Rating: **Acceptable** **Unacceptable**

(IBPS – 2) Civil Rights Compliance

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y **N**

1. Did the PBCA complete the current version of the FHEO Checklist?

2. Did the PBCA forward the FHEO Checklist to the local HUD Office within 30 days of the review?

3. Did the PBCA make all required entries in REMS prior to the submission of the invoice? If no, please explain.

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 3) Rental Adjustments

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y N

1. Identify the type of rental adjustment requested.
(____ AAF, ____ Budget-based, ____ OCAF, ____ Special)
2. If a comparability study was completed, was it prepared by a qualified appraiser in accordance with Chapter 9, Section 9-8 of the Section 8 Renewal Guide? _____
3. When was the complete rental adjustment package received? _____
4. Did the PBCA process the rental adjustment within 30 days? _____
5. Was the correct rental adjustment applied? _____
6. Was the rental adjustment calculated correctly based on the type of rental adjustment requested? _____
7. Did the PBCA provide written notification to the owner upon completion? _____
8. Please provide details of any errors identified.

-
-
9. Did the PBCA analyze the Utility Allowance Survey? _____
 - 10a. Did the PBCA obtain a new Rent Schedule (HUD-92458) from the owner? _____
 - 10b. Was it complete? _____
 - If no, when did the PBCA return the Rent Schedule for correction? _____
 11. When was it forwarded to the appropriate HUD Office? _____
 12. If the rental adjustment was an increase of more than 5%, did the PBCA submit it to HUD for approval and complete the processing within 30 days of receipt from owner? _____
 13. Did the PBCA analyze adjustments to the monthly reserve for replacement deposit and recommend action to HUD, if applicable? _____
 14. Did the PBCA receive an appeal of the rental adjustment decision? _____
 15. If an appeal was received, did the PBCA analyze the owner's request and provide a written notification of the decision within 30 days? _____
 16. Did the PBCA make all required entries in REMS prior to the submission of the invoice? _____
 - If no, please explain.

Comments:

Overall Rating: Acceptable

Unacceptable

(IBPS – 4/5) Section 8 Contract Opt-Out and Terminations

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

- | | Y | N |
|--|----------|----------|
| 1. Did the owner notify the residents and the PBCA at least one year in advance of the contract's expiration? | _____ | _____ |
| 2. Did the owner notify the PBCA of intent to opt-out at least 120 days before the contract expiration? | _____ | _____ |
| 3. Did the PBCA notify HUD by close of business, the next business day of the owner's intent to opt-out of the HAP contract? | _____ | _____ |
| 4. Did the PBCA recommend termination of the Section 8 Contract for cause or default? | _____ | _____ |
| 5. Was the HUD office notified by the close of the next business day of the PBCA's recommendation to terminate the contract? | _____ | _____ |
| 6. Did the file contain HUD's response of approval or disapproval of the recommendation? | _____ | _____ |
| 7. Did the PBCA submit resident data to HUD within 3 business days after receipt from the owner? | _____ | _____ |
| 8. If the owner failed to submit resident data, what follow-up actions did the PBCA take? | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 9. Did the PBCA make all required entries in REMS prior to the submission of the invoice?
If no, please explain. | _____ | _____ |
| _____ | | |
| _____ | | |
| _____ | | |

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 6) Section 8 Vouchers

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y N

1. Did the PBCA verify the accuracy of all 50059 certifications in TRACS? _____

2. During the past 12 months, how many months did the PBCA not meet the AQL? _____

If not, please explain.

3. Does the voucher accurately reflect the number of units in the Section 8 HAP? _____

4. Does the file contain any information that indicates late payments made to the owner? _____

5. Is there any documentation in the file describing why late payments were made? _____

(Please explain below)

6. Were there any suspensions? _____

7. Were suspended units included in the owners voucher? _____

8. Did the PBCA make the necessary adjustments? _____

9. Were there any units abated? _____

10. Did the PBCA verify that the owner's payment request did not include units abated? _____

11. Did the PBCA make the necessary adjustments? _____

SPECIAL CLAIMS (Please choose 1-3 files that had special claims processed during the review period)

12. Does the PBCA maintain a tracking log for all Special Claims with a tracking number and type? _____

13. Did the PBCA receive Special Claims during the performance period? _____

If yes, date special claim received by the PBCA: _____

14. Was the special claim adjusted? _____

If yes, was documentation attached to validate adjustment? _____

15. If corrective actions were needed, provide date(s) of owner notification(s). _____

16. Did the PBCA process and approve the claims correctly? _____

If yes, was documentation attached to validate corrective action?

17. Did PBCA review and return the special claim to the owner within 45 days?

18. Date claim sent to the owner: _____

Comments:

Overall Rating: **Acceptable** **Unacceptable**

(IBPS – 7) Notice of Corrective Actions

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y N

1. Did the PBCA notify HUD in writing (e.g. fax, email) within 10 calendar days after verification and certification of the voucher?

2. Did the PBCA notify the owner in writing (e.g. fax, email) of any corrective actions noted on the monthly voucher?

3. Were there overpayments during the performance period?
If so, how many? _____

4. Were there underpayments during the performance period?
If so, how many? _____

5. Did the PBCA resolve all corrective actions within 30 calendar days after verification and certification of voucher?

6. Are corrective actions tracked by the PBCA?

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 9) Life Threatening Health & Safety Issues

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

- | | Y | N |
|--|----------|----------|
| 1. Has the PBCA received notice of life-threatening health and safety issues at this property?
If yes, please complete the following: | ___ | ___ |
| 2. Was the notification appropriately categorized as life threatening? | ___ | ___ |
| 3. Did the PBCA enter the notification into a tracking system?
If yes, please complete the following:
date: _____ time: _____ | ___ | ___ |
| 4. Did the PBCA contact the owner within one hour upon receiving notice of
life threatening health and safety issues(s) at the property?
If yes, please complete the following:
date: _____ time: _____ | ___ | ___ |
| 5. Did the PBCA notify the owner of concerns, and ensure that appropriate corrective
actions were implemented? | ___ | ___ |
| 6. Did the PBCA follow-up until a resolution was reached? | ___ | ___ |
| 7. Did the PBCA make all required entries in REMS prior to the submission of the invoice?
If no, please explain. | ___ | ___ |

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 10) Non-Life Threatening Health & Safety Issues

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y N

1. Has the PBCA received notice of non-life threatening health and safety issues at this property? ____ ____

If yes, please complete the following:

2. Was the notification appropriately categorized as non-life threatening? ____ ____

3. Did the PBCA enter the notification into a tracking system? ____ ____

If yes, please complete the following:

date: _____ time: _____

4. Did the PBCA notify the owner within two business days? ____ ____

If yes, please complete the following:

date: _____ time: _____

5. Did the PBCA determine corrective action and follow-up every two weeks until a resolution was reached? ____ ____

6. Did the PBCA make all required entries in REMS prior to the submission of the invoice? ____ ____

If no, please explain.

Comments:

Overall Rating: Acceptable Unacceptable

(PENDING)

(IBPS – 12) Year End Statement/Annual Certification

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____ DATE OF REVIEW: _____

Y N

1. Did the PBCA submit the annual certification of interest earned on HAP accounts within 60 days after its fiscal year end?

2. Did the PBCA submit the Year End Statement within ____ days after the end of the PBCA fiscal year?

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 13) Public Housing Agency Audit

Y N

1. If the PBCA is required to comply with OMB Circular A-133, did they submit an unaudited statement within 60 days after its Fiscal Year End (FYE) and an audited statement within 9 months after its FYE?

2. If the PBCA is not required to comply with OMB Circular A-133, did they submit an unaudited statement within 60 days?

3. Document any outstanding and/or significant audit findings relating to the PB-ACC.

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 14) Renewal of Expiring Section 8 Contracts

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

	Y	N
1. Are copies of the owner's one-year notice of contract expiration to residents maintained in the file?	_____	_____
2. Did the PBCA notify owners of the 120-day time frame for the contract renewal?	_____	_____
3. Did the owner submit the completed renewal package within the 120-day time frame?	_____	_____
4. Did the PBCA verify the owner's eligibility for the appropriate contract renewal option?	_____	_____
5. If a comparability study was completed, was it prepared by a qualified appraiser in accordance with Chapter 9, Section 9-8 of the Section 8 Renewal Guide?	_____	_____
6. Was the owner notified of HUD's requirement to increase the monthly deposit to the Reserve for Replacement account?	_____	_____
If no, what steps did the PBCA take to secure the completed renewal package?		

7. Was the contract renewed within 60 calendar days prior to contract expiration?	_____	_____
8. Does the PBCA distribute copies of the executed HAP contract to the owner and Ft. Worth Accounting within one (1) business week?	_____	_____
9. If a rental adjustment was requested as part of a contract renewal, were the rents calculated correctly?	_____	_____
10. Does the PBCA maintain a copy of the executed HAP contract in its files?	_____	_____
11. Did the PBCA verify that the correct rents are in REMS?	_____	_____
12. Does the rent schedule/exhibit correspond with the rents in REMS?	_____	_____
13. Did the PBCA make all required entries in REMS prior to the submission of the invoice?	_____	_____
If no, please explain.		

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 15) General Reporting

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

Y N

1. Did the PBCA submit an Annual Report to HUD within 20 business days after its ACC year end? _____

2. Did the PBCA submit an acceptable Work Plan for the upcoming year by the close of the ACC year? _____

3. Are the monthly reports submitted on the 10th business day of the month for prior months work? _____

4. Were the required number of reports submitted timely? _____

Comments:

Overall Rating: Acceptable Unacceptable

(IBPS – 16) Monitoring Physical Inspection Results

NAME OF PROPERTY: _____

SECTION 8 NUMBER: _____

REVIEWED BY: _____

DATE OF REVIEW: _____

	Y	N
1. When was the last REAC physical inspection completed on this property? _____		
2. Were EH&S deficiencies noted?	_____	_____
If yes, did the PBCA immediately notify the owner?	_____	_____
3. Did the PBCA follow up by sending a letter to the owner by fax or mail confirming owner's awareness of the EH&S deficiencies and the need for corrective action?	_____	_____
4. Did the PBCA follow-up (with owner) on the EH&S issues within 3 business days to verify corrections?	_____	_____
5. Did the PBCA receive the owner certification letter that all EH&S deficiencies were corrected?	_____	_____
If no, did the PBCA make further attempts to obtain owner compliance?	_____	_____
6. What actions did the PBCA recommend to the HUD Office as a result of the owner's non-compliance?		

7. Does the file contain HUD's response?	_____	_____
8. Did the PBCA make all required entries in REMS prior to the submission of the invoice?	_____	_____
If no, please explain.		

Comments:

Overall Rating: Acceptable Unacceptable

[illegible]

[illegible]